



A Partnership
for Endurance
Xcellence

Introduction to Endurance Riding

At Camp Rockmont
Saturday 3 September 2011

Are you interested in endurance riding, and want to have a bit of experience to what it is like?
This is the clinic for you!

PARTICIPANT NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY/ST _____ ZIP _____

EMAIL (**PRINT!!**) _____

HORSE NAME: _____

EMERGENCY CONTACT: _____ PHONE: (____) _____

	APEX member	Others (fee includes APEX Assoc Mbrshp)
Introduction to Endurance Riding	\$15	\$40

\$ _____ PARTICIPATION FEE

*Please make checks payable to: **APEX***

Mail to: **Anne Ayala**
5 Vaux Court
Asheville, NC 28803

SIGN LIABILITY ON REVERSE!

Questions? Call Cheryl Newman at 828-665-1531; or e-mail: cherylnewman@charter.net
Or Anne Ayala at 828-274-5121; or e-mail: kenayala@charter.net

THE FOLLOWING RELEASE MUST BE SIGNED FOR REGISTRATION TO BE VALID!

Statement of Liability Waiver

I wish to participate in the A Partnership for Endurance Xcellence (APEX) and Camp Rockmont to be held Friday through Saturday 3 September 2011. I have read the conditions and regulations of the event and will comply with them. I hereby knowingly execute this waiver of the right to sue and do hereby agree to assume all risks associated with participation in the clinic, sponsored by Camp Rockmont and A Partnership for Endurance Xcellence or in riding, on the premises of the Camp Rockmont.

I will hold harmless the A Partnership for Endurance Xcellence, its officers and directors, Camp Rockmont, all clinic personnel, their representatives, successors and assigns, for any accident, injury or loss that might occur due to my participation in this event, and free from all liability for such injury or loss, including that due to negligence not caused by wanton or willful misconduct of the A Partnership for Endurance Xcellence, its officers and directors, Camp Rockmont, or clinic personnel and volunteers. This release extends to all claims of every kind and nature whatsoever, whether known or unknown, and I expressly waive any benefits that I may otherwise have under provisions of the law of North Carolina relating to the release of known claims. I understand that this release constitutes a limitation on my legal rights. Any action instituted against the A Partnership for Endurance Xcellence, its officers and directors, Camp Rockmont, or clinic personnel must be filed in the State of North Carolina.

The undersigned verifies acceptance of risks and responsibilities for participant and certifies that all information on this form is correct to the best of his/her knowledge.

THIS AGREEMENT IS BINDING UPON MYSELF, MY SPOUSE, LEGAL REPRESENTATIVES, HEIRS, EXECUTORS AND ASSIGNS.

I HAVE READ THE ABOVE, UNDERSTAND IT, AND AGREE TO ABIDE BY THIS.

Dated: _____

Participant's Signature: _____

Parent/Guardian of Junior Participant's Signature: _____

Parent/Guardian of Junior Participant (please print): _____

CONSENT FOR JUNIOR PARTICIPANT

I accept all rules that apply to my registration and, in my absence, consent to emergency medical treatment or aid to said Junior rider.

Name of Junior Participant: _____

Signed: (parent/guardian): _____

Name of parent/guardian: PRINT _____

Dated: _____